Rec'd PCT/PTO 15 JUL 2004

PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number 10/501392

· Effective October 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E		OF.	OTHEF SMALL	THAN ENTITY
TOTAL CLAIMS			arunded					RATE	FEE	٦ .	RATE	FEE
FC	OR		NUMBER FILED		NUMBER EXTRA			BASIC FE		OR	BASIC FEE	1080
τc	TAL CHARGE	ABLE CLAIMS	nyi.	os 20=	•			XS 9=		OR	XS18=	, , ,
INE	DEPENDENT C	LAIMS	minus 3 =		•			X43=		1	X86=	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						 	OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							' L	+145=	ļ	OR	-290=	7.
CLAIMS AS AMENDED - PART II 7/15/04								TOTAL	L	OR	TOTAL	1080
(Column 1) (Column 2) (Column 31								SMALL	ENTITY	OR	OTHER SMALL	
		CLAIMS		HIGH			RATE		ADDI-	1 1		4001
AMENDMENT A	24	REMAINING AFTER AMENDMENT		PREVIO PAIO I	USLY	PRESENT EXTRA		TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 24	Minus	- 20	2	= 4		XS 9=		OR	X\$18=	72
AME	Independent	- 6	Minus	3		= 3	lΓ	X43= ·		OR	X86=	258
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	·
•								TOTAL			TOTAL	000
		A	DDIT. FEE		OR ,	ADDIT. FEE	330					
(Column 1) (Column 2) (Column 3)												
_		CLAIMS		HIGH	ST		1 _		ADDI-	1		4001
T 8	•	REMAINING AFTER		NUME PREVIO		PRESENT		RATE	TIONAL		RATE	ADDI- TIONAL
EN		AMENDMENT		PAID F		EATRA			FEE			_FEE_
AMENDMENT	Total	•	Minus .	e-é .		= .	lΓ	XS 9=		OR	X\$18=	
AME	Independent	•	Minus	***		=		X43=		OR:	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+145=		ÖR	+290=	
						• •	. AC	TOTAL DOIT. FEE	"	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colum	n 21.	(Column 3).						
		. CLAIMS		HIGHE		100,011,11 0).				r		
ပ္		REMAINING		NUMB		PRESENT			ADDI-		RATE	ADDI-
ᇙᅵ		AFTER AMENDMENT		PREVIO		EXTRA	11'	RATE	TIONAL FEE			TIONAL
₹ Ç	Total		Minus	**		= .		X\$ 9=	1-6-6		X\$19≈	FEE
AMENDMENT	Independent	•	Minus	***		s · ·	-			OR		
۱۲	FIRST PRESENTATION OF MULTIPLE DEPENDENT. CLAIM							X43= .		OR	X86=	
		+145=		<u>_</u>	+290=	. }						
* If the entry in column 1 is less than the entry in column 2 wide 100 in column 2												
If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE											.]	
1	f the 'Highest Nur	mber Previously Pa	id For' IN THIS	S SPACE IS	less than	1 3, enter *3,*	~			_ ^		
•		ber Previously Paid	TO LIVIATOR	oependet	ii) is trie	ingnesi numbe	10000	in me abb	кор этындо,	in COlu	imn 1.	